University Hospitals Dorset
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report and Action Plan 2022/23

University Hospitals Dorset NHS Trust

We are
- caring
- one team
- listening to understand
- open and honest
- always improving
- inclusive

Contents

Some useful abbreviations:

- BAME (Black, Asian and minority ethnic) BME (Black Minority ethnic) (these terms are interchangeable within the reports and data collection for WRES)
- EDIG: equality, diversity and inclusion Group
- WOFC: Workforce and strategy committee
- HR: Human Resources
- OD: Organisational Development
- FTSU: Freedom to Speak Up (Guardian)
- ICS: Integrated Care System

1 Introduction

The NHS Workforce Race Equality Standard (WRES) was introduced in 2016 to address the inequalities and less positive lived experience of our ethnically diverse workforce.

This is the seventh year of reporting on the WRES and the second for University Hospitals Dorset NHS Foundation Trust (UHD).

It is evident from the national, regional and local data that that there has been some improvement but this has not been at pace or consistent across NHS systems. This year's reporting includes the disparity data, which shows how our staff are represented in progression through the seniority ranks.

This is an extract from the national Workforce Race Equality Standard report published in May 2022:

1" *Inequalities in any form are at odds with the values of the NHS – the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients. This data report represents the seventh since the Workforce Race Equality Standard (WRES) was established. It showcases the experience of staff at a pivotal moment in the 73-year history of the NHS. At a time when we continue to manage those directly affected by the pandemic whilst coordinating the recovery of services and simultaneously establishing integrated care systems (ICS) as the future vehicle to deliver the health and care needs across geographical areas.*

The talents and dedication of the approximately 1.4 million NHS staff are a reflection of their diversity, with over 100 nationalities represented in the workforce engaged in over 350 different health-related careers.

The data in this year's report is a reflection of the systematised and complex picture that applies to racial discrimination in the country. Whilst there has been an increase in the number of very senior managers of black and minority ethnic (BME) origin, there has been a fall in the number of BME executives. While there has been a steady decline in the race disparity in staff being referred into the disciplinary process (especially in some regions), there remain 50% of organisations where this disparity persists. The picture is complex.

This cycle of the WRES sees a significant change of gear with regard to translating data into delivering enduring change. Presenting the data in more nuanced fashion with greater stratification is key to enabling leaders to identify where energy should be best directed to reverse inequity. The soon to be published workforce race equality strategy will assist organisations recognise what actions and what key performance indicators could be deployed to identify the course to follow. The COVID-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. The report presents the ethnicity aspect of this, and it is evident that there has been a worsening of the experience of BME compared to white staff in key domains, including discrimination from seniors and a sense of equal opportunity. As

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we plan the recovery of services following the pandemic, addressing these issues of equality and inclusion are core to their success".

The WRES report and the data submission for UHD will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG). EDIG serves to provide assurance that the Trust has an effective framework within which it overseas the implementation of the national standards.

Throughout this report, we have used the phrases ethnically diverse or ethnic background when referring to our Black, Asian and Minority Ethnic staff.   The data label of BAME is used to reflect all ethnic minority categories and only in the context of data. The use of the word minority reinforces the disparities and we have reduced its use to within the data labels only.

This is in line with the NHS Race and Health Observatory report, [The Power of Language.](#) As a result of a consultation process in 2021 they have developed five key principles when writing and talking about race and ethnicity:

- Be Specific
- No acronyms or initialisms
- Context
- Transparency
- Adaptability

At the EDIG meeting on the 20 January 2022 it was agreed to adopt these principles in our reporting.

[1] Foreword to the National Workforce Race Equality Standard Report 2021 [published in May 2022, by Professor Em Wilkinson-Brice, Acting NHS Chief People Officer and Anton Emmanuel, Head of WRES]

2   Executive summary

University Hospitals Dorset NHS Foundation Trust (UHD) aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our Trust objectives, values and the EDI Strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families' carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities.

Research shows that organisations with diverse leadership are more successful and innovative. People who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. When the opportunity arises our board representation will reflect the local demographic of our staff and community as we have a commitment for our board to be representative and matched to our staff ethnicity.

The Messenger Review into Leadership in Health and Social Care by NHS Confederation in June 2022 reinforced the EDI vision for all NHS organisations:

"EDI embedded and mainstreamed as the responsibility of all regardless of role and especially leaders and managers from front line to board. This must include the practice of zero tolerance of discrimination, but also greater awareness of the realities in the workplace for those with protected characteristics."

UHD has over 9500 staff serving a population base of 400,300 [*Census: 2021 ONS*]. In 2011, 84.8% were White British, 11.6% BME (6.1% where English is not the first language) [Diversity Census 2011 ONS]. We will continue to monitor our data alongside the lived experiences of all our staff.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the Trust value of '*Listening to Understand'*. There is a valuable richness in the lived experience of members of staff across our hospitals and bringing human stories to the fore and sharing these to the benefit of others remains an important dimension of our EDI work.

Our Staff Networks have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. They are more mature in their development and progress compared to many others in the South West region, evidenced by invitations to speak with other trusts and the recognition at a national level.

To be a *Model Employer*, UHD needs to be inclusive - embodying a diverse workforce at all levels and bringing the wealth of experience and perspective for delivering the best outcomes for the community we serve.

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3   Voice of our Networks

Our BAME Staff Network has gone from strength to strength over the last year and continues to provide pastoral and peer support to colleagues across the whole organisation. We have a network aim of tackling concerns with the aim to improve the work experience for all. Our network values, alongside the Trust values, are UNITED:

Unity
Nurture
Inclusive
Teamwork
Empower
Diversity

As a network we are proud of the rich diversity and wealth of experience the staff we represent bring to UHD.

The work we have undertaken this year has included:

- Supporting our Internationally Educated Nurses, with pastoral support, welcome introductions and ongoing peer support and guidance. This work has been recognised in the NHS Employers International Recruitment toolkit as best practice, working in partnership with recruitment and education teams.
- Providing expert advice for the development of Beyond Difference and Reverse Mentoring programmes, actively promoting and using coaching conversations to support applicants to access these programmes and self-development opportunities.
- Peer support for colleagues from all Staff Networks
- Expert review of documents and strategies from the Race and Health Observatory and recommendations on language and terminology used when referring to ethnically diverse staff.
- UHD representation on South West Expert Reference Group for Nursing/Midwifery staff from an ethnic background. This group is to inform and advise the regional NHSE/I team of what priorities should be focused on to make a difference.
- Providing information to national teams and linking to webinars, workshops and online forums

We are proud of our colleagues who have been active participants in the Reverse Mentoring Programme, Beyond Difference Leadership programme and have been successful in promotions and becoming Professional Nurse Advocates.

This demonstrates how positive action programmes, peer support and coaching conversations deliver results in addressing disparities. As a network we can deliver this on a small scale and this work needs to be advocated by everyone in the organisation to create a great place to work and equal opportunities for all.

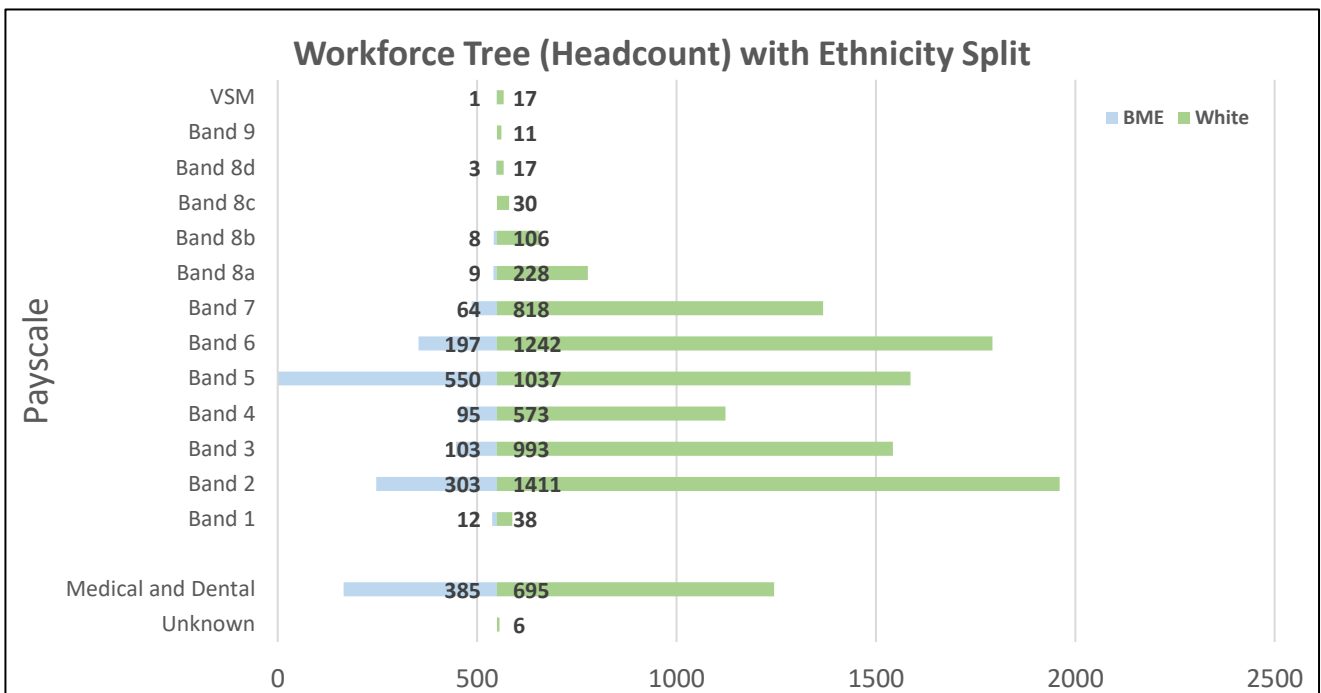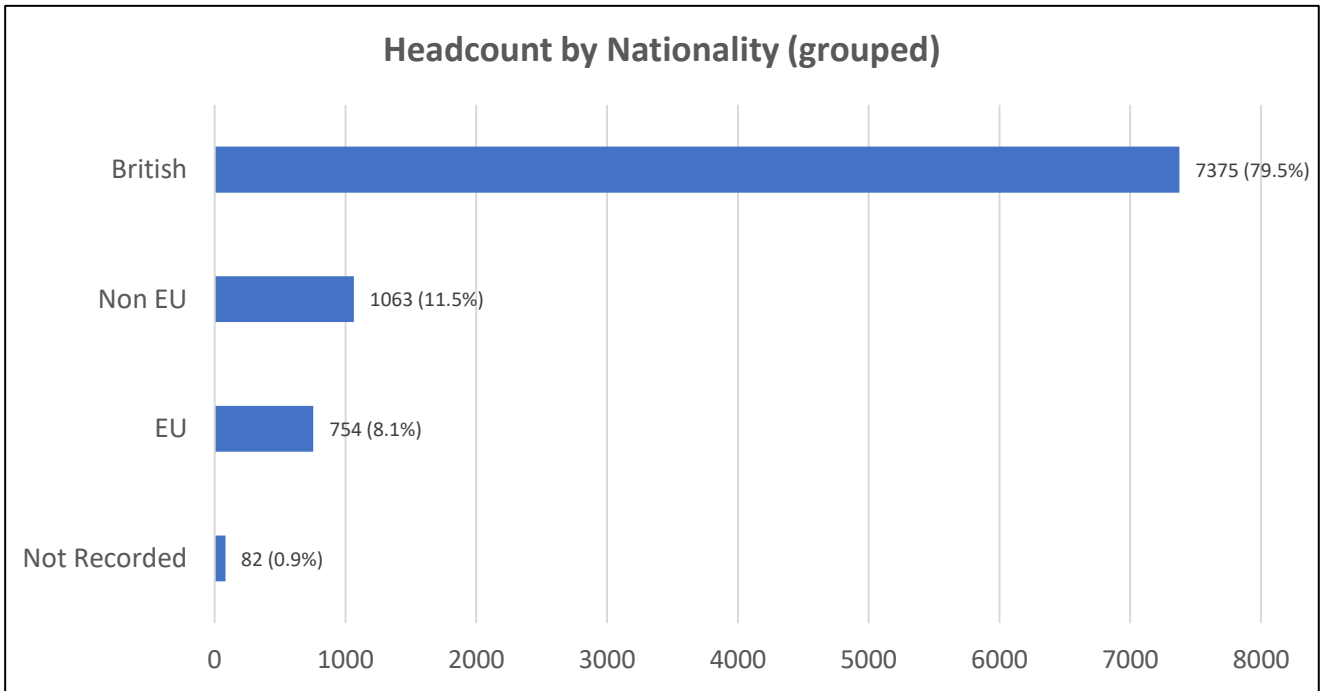*Judith Dube and Marc Oborza, Co-Leads: BAME Staff Network.*

4   Conclusion

- The overall workforce has increased to 9536
- The number of ethnically diverse staff has increased to 1730, 18.7% of the total workforce.
- Ethnicity declarations remain high and above 95%
- The white ethnicity staff group (WME) has decreased slightly to 7.5%
- The relative likelihood of ethnic diverse staff being appointed from shortlisting across all posts has worsened to 1:2.09. This means for every one member of staff from an ethnic background, over 2 members of white staff are appointed.
- The relative likelihood of staff accessing non-mandatory training and CPD has improved to 0.79
- The bullying and harassment metrics show some worsening and stagnation.
- Indicator 7 shows a significant drop in staff believing the trust provides equal opportunities for both ethnic diverse and white staff. This is in line with the trend nationally of a decrease in positive results for this metric.
- The Board membership shows a very small improvement in representation of the overall workforce, but still being a large under-representation at the most senior level.
- Our workforce from an ethnic background continue to report less positive experiences in our staff survey and this is also reflected in data from our Freedom to Speak Up Guardian (appendix C).
- Our disparity ratios (appendix D) show a continuing trend of inequity in progression for our ethnically diverse staff from the lower to upper bandings in both clinical and non-clinical roles.

5   Next Steps

- Presentation of the reports to the Workforce and Strategy Committee and the Board
- Implementing and managing the action plan through the equality, diversity and inclusion group
- Working with our Dorset Integrated Care System partners to ensure this report and actions are integrated into all workstreams and share good practice across our systems
- Develop an Anti-Racist Board statement and linked cultural awareness programme
- Integrating EDI into all leader, manager and personal development training

WRES 1 - UHD's shows presents a rapid fall off of BAME staff progression through higher pay bands and to greater seniority within the organisation

Workforce Profile Charts

Headcount by Nationality (grouped)

British — 7375 (79.5%)
Non EU — 1063 (11.5%)
EU — 754 (8.1%)
Not Recorded — 82 (0.9%)

Workforce Tree (Headcount) with Ethnicity Split

Payscale	BME	White
VSM	1	17
Band 9		11
Band 8d	3	17
Band 8c		30
Band 8b	8	106
Band 8a	9	228
Band 7	64	818
Band 6	197	1242
Band 5	550	1037
Band 4	95	573
Band 3	103	993
Band 2	303	1411
Band 1	12	38
Medical and Dental	385	695
Unknown		6

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Headcount by Ethnicity
BME / WME / White

■ Not Recorded   ■ WME   ■ White   ■ BME

322 (3.5%)
697 (7.5%)
6525 (70.4%)
1730 (18.7%)

Total

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Headcount by Ethnicity
WRES Mapping

- Not Recorded
- White
- BME

Total

322 (3.5%)
7222 (77.9%)
1730 (18.7%)

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Workforce Race Equality Standard metrics	2021	2022	
	University Hospitals Dorset		
Indicator 2: relatively likelihood of staff being appointed from shortlisting across all posts	1.26	2.09	⬆
Indicator 3. relatively likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation	1.17		
Indicator 4. relatively likelihood of staff accessing non-mandatory training and CPD	1.11	0.79	⬇
Indicator 5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BAME: 27%	BAME: 30%	⬆
	White: 25%	White: 26%	⬌
Indicator 6. % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BAME: 29%	BAME: 31%	⬆
	White: 22%	White: 24%	⬆
Indicator 7. % percentage believing that trust provides equal opportunities for career progression or promotion	BAME: 78%	BAME: 46%	⬇
	White: 90%	White: 60%	⬇
Indicator 8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	BAME: 17%	BAME: 17%	⬌
	White: 6%	White: 7%	⬌
Indicator 9. % difference between the organisations Board voting membership and its overall workforce (note: new Board in place 1/10/20 for UHD)	-13.7%	-12.2%	⬇

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WRES Action Plan

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 2 Likelihood of being appointed from shortlisting across all posts	• Develop and launch values proposition for employee life cycle, support trust objective "a great place to work" • Adoption of values based shortlisting and interview approach • Values based recruitment • Diverse talent panels • Statement on all job adverts welcoming applications from under- represented groups, linked to inclusion networks • Continue to promote targeted opportunities available through NHS South West Leadership Academy, including Stepping Up and WRES Expert programme	• Values based recruitment and interview approach embedded. • Visible statements on all job adverts linked to inclusion networks. • All Programmes for development and positive actions for underrepresented groups are shared trust wide and through staff inclusion networks. The networks have provided peer support and guidance on applications and encouraged diverse representation on courses and leadership programmes by positive role modelling. • Network members becoming involved in senior panel interviews/carousels • EDI team providing coaching for applications	Continue to support improvement in recruitment and promotion practices to ensure an inclusive approach from application to appointment. • Improve diverse panel compositions and interview questions and feedback panels • Monitor candidate profiles at all stages of recruitment • Refresh recruiting Managers selection training, knowledge of reasonable adjustments • Commitment to balanced shortlisting • Review job description and person specifications • Review advertising and shortlisting processes, including Board appointments	EDIG / Workforce Strategy Committee	Improvement in shortlisting ratio (1:1 or lower)
Indicator 3 Staff entering formal disciplinary process	• Civility Toolkit/Dignity at work policy updated and published. • Adoption of a just and learning culture, using a restorative justice, civility and respectful approach. • Reverse Mentoring programme	• Civility Toolkit now published. • Schwartz rounds have continued during Covid, virtual and small face to face groups, focusing on behaviours. • Reverse Mentoring programme has given underrepresented staff	• Launch awareness campaign for a Just and Learning Culture • Use of national decision trees checklist for Managers, post action audits on disciplinary decisions and pre-forma action checks	EDIG Workforce Strategy Committee FTSU	FTSU reporting index Improvement in ratio to 1:1 or below

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
	• Wellbeing conversations • Coaching conversations • Freedom to Speak Up support for mediated discussions • Engaging through the BAME staff network for more diverse representation in investigation team.	the confidence to question and raise concerns. • Cultural differences referenced in new HR Policies Manager modules. • Draft Staff check in/wellbeing conversations will provide additional opportunities to raise causes for concern by manager or staff member.	• Year on year reduction in number of BAME staff involved in disciplinary grievance procedures l		
Indicator 4. Staff accessing non-mandatory training and CPD	• Beyond Difference Leadership programme for BAME staff, in partnership with Dorset ICS. 9 Places for 2020, evaluation and development for further cohorts in 2021 with additional spaces. • Appraisal process and documentation updated, reflection and review stages to review career pathway and self-development needed to achieve career goals • Coaching and wellbeing conversations, linked to career development and progression.	• Next programme in development. 10 candidates attend for UHD, feedback used for next development. • 2 promotions achieved during programme • Career conversations still under development. To be tested via our Staff Network groups. • Draft Staff check in/wellbeing conversations will provide • Additional opportunities to discuss development and progression. • Leadership training now tracking ethnicity demographics for data evaluation.	• Further rollout of Reverse Mentoring programme • Further rollout of positive action programmes (Beyond Difference) in partnership with Dorset Integrated Care System • Embed career conversations as part of the annual performance appraisal process • Scope for Growth career conversation framework	EDIG Workforce Strategy Committee	Reduction in disparity between white and BME staff statistics Improvement in equal opportunities metric 7 Visible diverse representatio n throughout the workforce structure

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	• Continue to raise awareness of the FTSU Guardians, how to speak up and support available for all staff to report incidents. • Regular reporting through assurance committees and highlighting themes and trends and hotspots in the organisation • Civility/Dignity at Work policy and toolkit updated • Hate Crime Charter is in place, organisation is an active member of Prejudice Free Dorset with access to resources and support for all staff to report incidents safely.	• FTSU Guardian and Ambassador continue to provide support to all staff. (Reference to their work and report is in appendix C) • Civility toolkit now published and referenced • within Manager Induction Modules • EDI now linked with UHD Violence at work standard.	• Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel save to come to work. • Identify themes and hotspots for colleague-on-colleague BHDV • Promote a transparent escalation pathway building on our values based behaviours • Further promote the NHSI Civility and Respect Toolkit • Bystander training, equip leaders to actively address inappropriate behaviours (recommended output from Reverse Mentoring)	EDIG Workforce Strategy Committee	Improvement in staff survey results, narrowing the gap between white/bme staff and improving experience for all Recruitment and retention statistics (reasons for leaving) FTSU reporting index
Indicator 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	• Civility/Dignity at Work policy and toolkit updated. Progression of process and policies to support a just and learning culture • Second Reverse mentoring programme due to start October 2021 • Staff networks included in partnership working, providing expert by experience advice and guidance. • Wellbeing Conversations	• FTSU Guardian and Ambassador continue to provide support to all staff. (Reference to their work and report is in appendix C) • Second cohort of Reverse Mentoring nearing completion with 22 mentoring partnerships. Sharing of personal stories and call to organisational action where required. • Draft Staff check in/wellbeing conversations will provide additional opportunities to	• Launch *Let's Talk about Race* campaign and publish *Anti-Racism Statement* setting out our commitments as an inclusive organisation. Develop anti-racism guide for managers. • Introduce core offer for *bias reduction* learning and development at all levels within the organisation • Implement training resources / toolkit on civility and respect for all staff to	EDIG Workforce Strategy Committee FTSU	Improvement in staff survey results, narrowing the gap between white/bme staff and improving experience for all Recruitment and retention

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WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
	• FTSU and staff network support for mediated discussions	discuss development and progression.	support our positive workplace culture. Roll out at directorate level • Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel save to come to work. • Identify themes and hotspots for colleague-on-colleague BHDV • Promote a transparent escalation pathway building on our values based behaviours • Further promote the NHSI Civility and Respect Toolkit • Bystander training, equip leaders to actively address inappropriate behaviours (recommended output from Reverse Mentoring		statistics (reasons for leaving) FTSU reporting index

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WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 7. Percentage believing that trust provides equal opportunities for career progression or promotion.	• Positive action development programme: Beyond Difference. In partnership with Dorset ICS. Launches Sept 2021, further cohorts to develop on evaluation. • Introduction of a system of constructive and critical challenge to ensure fairness during interviews. Including values based shortlisting, diverse interview panels, presence of an equality representative (staff networks), values based interview questions and specific equality and inclusion questions for band 8A and above. • Values based shortlisting and interview approach	• Nine UHD delegates for ICS Beyond Difference Programme with 2 being promoted as a result. Unsuccessful candidates also followed up with informal career discussion by EDI team. • Development opportunities shared with Staff Network groups. • Review of progress with recruitment approach and consideration of constructive challenge process required.	• Further rollout of Reverse Mentoring programme • Further rollout of positive action programmes (Beyond Difference) in partnership with Dorset Integrated Care System • Embed career conversations as part of the annual performance appraisal process • Scope for Growth career conversation framework • Implement a development programme and talent pipeline to increase representation of BAME staff in (Agenda for Change) 8a-d and 9, very Senior Managers and the Board of Directors	EDIG Workforce Strategy Committee	Improvement in access to learning and development opportunities for all protected groups Improvement in the metric 7, narrowing the gap between white/bme staff and improving equal opportunities for all FTSU reporting index

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WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	• Second cohort of Reverse Mentoring programme to commence October 2021. Actively promoted through staff networks, encourage under- represented groups to participate as Mentors with supported training and coaching. • Continuing collaboration with BAME staff network and our Freedom to Speak Up Guardian/Ambassadors • Unconscious Bias workshops • Inclusive modules on all leadership programmes • Reverse Mentoring programme • Wellbeing conversations • Coaching conversations • FTSU support for mediated discussions, raising awareness	• Second cohort of Reverse Mentoring nearing completion with 22 mentoring partnerships. Sharing of personal stories and call to organisational action where required. • BAME staff network & FTSU leads joined together on National Staff Networks Day in May and continue to work closely. • Unconscious Bias now included in mainstream new Manager Induction module training.	• Include an EDI objective to ensure every leader is able to demonstrate their commitment to inclusion and fairness • Further rollout of Reverse Mentoring programme, including Managers at all levels • Bystander training	EDIG Workforce Strategy Committee	Year on year improvement on this metric, narrowing the gap between white/bme and improving the experience for all staff FTSU reporting index
Indicator 9. Percentage difference between the organisations' board voting membership and its overall workforce.	• Action plan aligned to Model Employer goals, increase BAME representation at Board/VSM level to reflect workforce diversity by 2025 (appendix b) • Regular reporting against key metrics in the context of the broader performance frameworks	• This action is included in the recruitment and retention review action plan and is an ongoing commitment to improve the representation in line with the recommended Model Employer goal of relative representation (UHD 19%	• Increase in staffing levels more reflective of diversity of local communication and regional/national labour markets. • Significant annual improvement towards 18.7% BAME composition target to improve leadership diversity by 2025 (*Model Employer* goals)	EDIG Workforce Strategy Committee Trust Board	Model Employer Goals/ Benchmarks Increased representation through the senior leadership structures

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University Hospitals Dorset
NHS Foundation Trust

2021 UHD Staff Survey—Staff responses from those of an ethnically diverse background (BAME)

9.1

This overall theme scores from one to ten—and is all about fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the BAME employee experience as reported in the survey.

Indicator 5:	Indicator 6:	Indicator 7:	Indicator 8:
Bullying, Harassment or Abuse From patient, relatives or public in last 12 months	**Bullying, Harassment or Abuse** From staff in the last 12 months	**Equal opportunities:** Believing Trust provides equal opportunities for career progression or promotion	**Discrimination:** Staff experiencing discrimination from their manager / team leader or other colleagues
BAME	BAME	BAME	BAME
30%	31%	46%	17%
White	White	White	White
26%	24%	60%	7%
4% difference	7% difference	14 % difference	10% difference
Score is **WORSE** since the year before (2020)	Score is **WORSE** since the year before (2020)	Score is **WORSE** since the year before (2020)	Our score is about the **SAME** since the year before (2020)
previous results	previous results	previous results	previous results
2020 27%	2020 29%	2020 78%	2020 17%
2019 30%	2019 26%	2019 80%	2019 14%

Total Staff response rate for UHD NHS Staff Survey 2020: 36%

Total Staff response rate for UHD NHS Staff Survey 2021: 37%

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

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Update from FTSU Guardian and Data

UHD continues to be an active contributor to the work from the National Guardians Office (NG0). Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys.

Quarterly information about speaking up cases are submitted to the NGO, outlining the themes and reporting the feedback received from those cases closed. Whilst number of referrals does not fully reflect the speaking up culture it does illustrate whether the FTSU is an established route for staff to use. Table 1 below shows how staff at UHD use this service as compared to surrounding healthcare.

Table 1

Table 1: NGO data **2021/22**	Size	Qtr1	Qtr2	Qtr3	Qtr4	TOTAL (Qtr. 1-3)
Dorset CCG	Small	1	2	0		**3**
Dorset County	Small	2	19	No data		**21**
Dorset Healthcare	Medium	24	31	28		**83**
Salisbury	Small	18	16	27		**61**
Solent	Medium	No data	2	7		**9**
University Hospitals Dorset	Medium	57	71	58	46	**186**
University Hospitals Southampton	Large	8	25	No data		**33**

Table 1 illustrates that the number of referrals coming to the FTSU team at UHD is above that of our neighbouring Trusts but also that of the national average for similar sized Trusts. The national average for medium/large trusts are 32.7 per quarter. UHD has just under double this with 58 cases per quarter. Speaking up needs to be everyone's business and not just our FTSU team.

This is reflected further in the annual NGO FTSUG survey (section 3.7.5) which warned caution to our leaders with FTSUG carrying out more reactive work (listening to workers) rather than proactive (supporting the organisation to learn from the opportunities that speaking up brings and tackling the barriers). Speaking up will not

become business as usual if FTSGU are spending all their time acting as an additional channel rather than working with their organisation to overcome the barriers that result in workers feeling that they must come to a guardian in the first place. This needs consideration and discussion. Many trusts are looking at developing deputy guardian roles to create resilience but also create more time for the FTSUG to help support the trust at being more proactive in the years coming.

The FTSU team wanted to look at why staff were using this route for concerns. Data has been collected since January this year (Qtr. 4) by asking staff why they are using this route to raise concerns. Table 2 shows that in 52% of referrals, staff stated that their line manager was the issue of the concern. In 22% of the referrals the line manager was aware of the issue but not addressing the issue. The staff survey mirrors these observations (refer to section 3.7.6). Results show that for those who completed it, whilst they felt issues and concerns would be addressed more than the average it is a decrease on results seen at UHD the year before (q17b). Furthermore, in Q21f, only 50.1% reported saying that they are confident issues would be addressed. The hypothesis that following the recent staff changes in management, staff were not aware of whom to escalate issues to is not playing out in this data.

Table 2

	Qtr. 4 (2021/22)
Unaware of who line manager is	3
Line manager is aware of the issue but have not acted or addressed the issue	10
Not secure in raising the concern with the line manager	2
The line manager is the issue of the concern	24
Did not think to ask my line manager	6
Unknown	1
TOTAL	**46**

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Appendix C

Disparity Ratios

<u>Table 3: Whole Organisation</u>

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	3
Band 1	36	13	60
Band 2	1,419	312	29
Band 3	1,032	106	13
Band 4	581	111	45
Band 5	1,074	588	43
Band 6	1,307	198	16
Band 7	848	65	5
Band 8a	237	10	3
Band 8B	106	8	
Band 8C	30	1	
Band 8D	19	3	1
Band 9	11		0
VSM	17	1	0
Grand Total	**6,717**	**1,416**	**218**

<u>Table 4</u>

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	4,142	1,130	193
6 and 7	2,155	263	21
Band 8a+	420	23	4
Grand Total	**6,717**	**1,416**	**218**

<u>Table 5</u>

	White	BME
Lower to middle	**1.92**	**4.30**
Middle to upper	**5.13**	**11.43**
lower to upper	**9.86**	**49.13**

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Table 6

			Total No of Staff	BME representation at trust
Disparity ratio - lower to middle	**2.24**		***8,351**	**17.0%**
Disparity ratio - middle to upper	**2.23**			
Disparity ratio - lower to upper	**4.98**			

- *Note: the total number of staff differs from the total headcount. This is due to 299 staff did not have the required information recorded on ESR to attribute them to a banding or clinical/non-clinical grouping. 247 of these had either blank or 'not recorded' ethnicity on ESR.
- Additionally, 262 clinical staff did not have ethnicity recorded, and 60 non-clinical staff did not have ethnicity recorded

Table 7: Clinical Staff

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	14	1	1
Band 2	892	185	38
Band 3	504	64	16
Band 4	158	89	5
Band 5	901	573	41
Band 6	1,198	185	39
Band 7	736	57	13
Band 8a	166	8	4
Band 8B	63	5	
Band 8C	5		
Band 8D	5	2	
Band 9	3		
VSM	8	1	0
Grand Total	**4,653**	**1,170**	**157**

Table 8

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	2,469	912	101
6 and 7	1,934	242	52
Band 8a+	250	16	4
Grand Total	**4,653**	**1,170**	**157**

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Table 9

	White	BME
Lower to middle	1.28	3.77
Middle to upper	7.74	15.13
lower to upper	9.88	57.00

Table 10

Total No of Staff	Clinical BME representation at trust
5,980	19.6%

Disparity ratio - lower to middle	2.95
Disparity ratio - middle to upper	1.96
Disparity ratio - lower to upper	5.77

Table 11: Non - Clinical Staff

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	22	12	2
Band 2	505	117	21
Band 3	524	42	13
Band 4	423	22	8
Band 5	171	15	4
Band 6	109	13	4
Band 7	112	8	3
Band 8a	71	2	1
Band 8B	43	3	3
Band 8C	25	1	
Band 8D	14	1	
Band 9	8		1
VSM	9		
Grand Total	**2,036**	**236**	**60**

WRES Annual Report approved by the Trust Board

Table 12

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	1,645	208	48
6 and 7	221	21	7
Band 8a+	170	7	5
Grand Total	2,036	236	60

Table 13

	White	BME
Lower to middle	7.44	9.90
Middle to upper	1.30	3.00
lower to upper	9.68	29.71

Table 14

Total No of Staff	Non – Clinical BME representation at trust
2,332	10.1%

Disparity ratio - lower to middle	1.33
Disparity ratio - middle to upper	2.31
Disparity ratio - lower to upper	3.07

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